



NIGERIA

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

With over 100 million inhabitants, or roughly 14 percent of the entire population of sub-Saharan Africa, Nigeria is Africa's most populous nation. The country has been under military rule for 30 of its 36 years. Although rich in natural resources, Nigeria's rapid population growth and uneven economic development have resulted in an increasing poverty rate. The country's thriving petroleum industry in the late 1960s and 1970s transformed it from an agriculture-based economy to one focused on oil production. About half the population is Muslim, 40 percent is Christian, and 10 percent follows indigenous beliefs.

USAID Strategy

In 1994, due to sanctions against the Nigerian government, USAID ceased all activities with the public sector and began working exclusively through nongovernmental organizations (NGOs). USAID's population and health program focuses on 14 selected states that include more than half of the country's population. The current USAID strategy combines efforts to strengthen NGO management and build sustainability, with technical support in child survival, family planning, and HIV/AIDS prevention. These activities are complemented by and closely integrated with the mission's program in democracy and governance, which assists NGOs working toward women's empowerment.

Major Program Areas

Maternal and Child Health Services. With USAID support, local NGOs receive training and technical assistance to improve basic maternal and child health services such as immunizations, oral rehydration therapy, and malaria treatment and control. USAID plays a major role in planning and coordinating NGO participation in Nigeria's National Immunization Days (NIDs) and is promoting the endorsement of integrated management of childhood illness (IMCI) as the foremost case management strategy. USAID also supports NGO training in epidemic preparedness and response, including mass mobilization efforts.

HIV/AIDS Prevention. USAID works with community-level NGOs to provide HIV/AIDS prevention information, condoms, and peer educator training to truck drivers, dock workers, commercial sex workers, students, and others at high risk of HIV infection. USAID also supports a nationwide condom social marketing effort that uses mass media messages and innovative distribution methods, and is promoting acceptance of the syndromic management of sexually transmitted infections (STIs) as an effective means to curb the spread of HIV/AIDS.

Family Planning. USAID supports the integration of family planning into existing NGO health services, establishment of networks of community-based distribution (CBD) of contraceptives, and a contraceptive social marketing program using radio advertisements, flyers, posters, and billboards and peer educators to spread family planning information in communities.

Results

- There were higher levels of polio immunization coverage, particularly in USAID focus states. After the first round of NIDs in 1997, coverage with two doses of oral polio vaccine was 29 percent higher in the 14 USAID focus states than in the remainder of the country.
- There has been an increased use of modern contraceptives from just under 4 percent of women in 1990 to over 11 percent in 1994 (when USAID support for family planning efforts was greatly reduced).
- There is an increased availability of contraceptives in rural and peri-urban areas through USAID-supported CBD outlets; the number of outlets increased from 1,300 in 1996 to 1,809 in 1997.
- There have been explicit national advertisements for contraceptives on 14 radio and 10 television stations that reached an estimated audience of 57.2 million people in 1997.



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- There is an enhanced demand for condoms for family planning and HIV/AIDS prevention, as evidenced by nearly 200 million condoms sold since 1991.
- There is increased condom use among high-risk target groups, including dock workers (14 percent used a condom in the most recent sexual encounter with a nonregular partner in 1995 vs. 45 percent in 1997) and long-distance truck drivers (21 percent in 1993 vs. 45 percent in 1997), as well as commercial sex workers and tertiary school students.

Success Stories

Innovative Private Sector Models for Community-Based Health Care. The BASICS project has pioneered the creation of vibrant partnerships between a wide range of community groups and private health care providers in urban areas of Nigeria. The “Community Partnerships for Health” program has helped neighborhood, professional, religious, youth, and other social groups rally around common needs to gain access to quality health care and information on health-related issues. BASICS estimates that the CPH program has provided nearly one-half million family members in Lagos alone with improved access to private health care. With USAID support, the CPH model is being expanded in Lagos and Kano, with plans for extension elsewhere.

Donor Coordination and Sector Leadership. USAID has intensified efforts to encourage other donors and the commercial sector to become more involved in promoting family planning in Nigeria, stimulating increased participation by the British Department for International Development (DFID) and the United Nations Population Fund (UNFPA). In child survival, USAID’s collaboration with DFID, UNICEF, and the World Health Organization, and with private voluntary organizations such as Rotary International and Polio-Plus, has been pivotal to Nigeria’s successful NIDs since 1996. In preparation for the NIDs, USAID and its implementing partners played an important role in strengthening partnerships among donors, NGOs, local governments, and the Federal Ministry of Health, a role for which the agency has received national recognition from the federal and participating state governments.

Continuing Challenges

Nigeria continues to experience severe epidemics of preventable diseases and remains among the world’s greatest focal points for polio cases, HIV infections, and overall population growth. USAID continues to focus on private sector solutions to these problems but is limited by severe budget constraints as well as the tenuous political environment. The Federal Government of Nigeria has finally accepted the need to work closely with NGOs in the health sector; as a result, the government is now working with donor agencies to review and formulate health policies. To advance its NGO-based program and achieve common goals in family planning and health, however, USAID needs a more stable and productive working relationship with the government, increased empowerment of state and local governments, and a renewed commitment to Nigeria, particularly in the area of family planning, within the agency as well as rest of the donor community.



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